

\*\* Employer Code

SECTION 3 SALARY STRUCTURE

\*FGN Treasury Funded MDAs only

\*\*Harmonised Salary Structure as at 2004

(eg HAPSS, HATISS)

\*\*GL as at June 2004

\*\*Current Salary Structure

(ENCONTISS)

\*\*Step as at June 2004

\*\* Current GL

\*\* Current Step

\*\* Consolidated Salary Structure as at 2007

(e.g CONPSS, CONTISS)

\*\*GL as at Jan 2007

\*\*GL as at 2010

\*\*Step as at 2010

\*\*Enhance Consolidated Salary Structure as at 2013 \*\*GL as at 2013

\*\*Step as at 2013

\*\*Enhance Consolidated Salary Structure as at 2013

\*\*GL as at 2016

\*\*Step as at 2016

SECTION 4 NEXT OF KIN DATA

\*Title

\*Surname

\*First Name

Middle Name

\*Relationship \*Gender

\*\*NOK Correspondence ADDRESS NIGERIA, ABROAD

Nigeria

Abroad

F/M

House No/Name

Street Name \*\*Village/Town/City

\*\*Local Govt Area Code

\*\*Country of Residence Name

\*\*State of Residence

Email address P.O. Box or PMB (If any) \*\*Zip Code/Postal (If living abroad)

\*Phone no Country code (Tel)

\* Mobile Number

SECTION 5 APPLICANT BIOMETRIC/CERTIFICATION

\* CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO NATIONAL IDENTITY NUMBER (NIN) INFORMATION

I (Surname Name Middle

hereby certify that the information provided in this form is correct. I further consent and authorize National Identity Management Commission to release my NIN information (as may be required) to the National Pension Commission (PenCom), upon request by my Pension Fund Administrator, for the maintenance and operation of my Retirement Savings Account. It is my understanding that PenCom shall exercise due care to ensure that my information is secure and protected

NIGERIA DATA PROTECTION REGULATION  
DATA CONSENT FORM

I hereby grant **IEI-Anchor Pension Managers Limited** and all its third-party processors authority to process my personal data, for the purpose of:

1. Opening an account
2. Processing my pension benefits
3. Receiving newsletters, e-mails, promotions and marketing materials
4. Rectification of my data
5. Research and statistical purpose

I am aware this is necessary for **IEI-Anchor Pension Managers Limited** legitimate interests to process personal information for the purpose of processing my request.

I consent to **IEI-Anchor Pension Managers Limited** using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time using the Data Subject Consent Withdrawal Form.

**Name of Individual providing Consent:**

Address of Individual providing Consent:

Signature:

Date

DATA PROTECTION OFFICER ENDORSEMENT

Name::

Designation :

Signature:

Date:

Location

SECTION 7 FOR OFFICIAL USE ONLY

Does the contributor have any fingerprint challenge? **Please tick**

Yes No Complete Partial Others

SECTION 8 PFA CERTIFICATION

Are supporting documents attached?

Form Reference Number

Yes No

\*I hereby certify that the information given above is correct to the best of my knowledge

\*Name:

\*Designation

\*Signature \*Date

NOTES:

All fields with asterisk (\*) are **MANDATORY** and fields with asterisk (\*\*) are **CONDITIONAL MANDATORY**